



Disease Detectives

Communicable Disease Control

UPDATE

MECKLENBURG COUNTY HEALTH DEPARTMENT
A Quarterly Publication

Syphilis Swings Upwards

The following is a Health Advisory sent by the Mecklenburg County Health Department on July 29, 2009:

Syphilis cases are steadily rising across North Carolina. From January 1, 2009 – July 17, 2009, North Carolina reported 477 new cases of syphilis compared to 277 cases for the same time period last year. In Mecklenburg County, for the same time period, 76 cases of syphilis were reported in 2009 compared to 35 in 2008. Two hundred eighty-seven (60%) of the 477 new cases of syphilis were diagnosed in the primary and secondary infectious stages of the disease.

The Mecklenburg County Health Department and the NC Division of Public Health are asking all medical providers to take a more proactive approach to diagnosing and treating syphilis in order to reverse the current trends. Please consider the following management guidelines and reporting laws:

- When evaluating a patient with a suspected case of syphilis or other STDs, complete a full history and physical for signs and symptoms, including oral and anal exams.
- Report all early cases of syphilis within 24 hours to the Mecklenburg County Health Department at 704.432.1742 or fax the lab report and demographic information to 704.336.6200.
- Proactively treat cases and/or part-

ners and other high-risk individuals if symptoms of syphilis are present. Do not wait for confirmatory test results. We recommend proceeding with treatment of 2.4 million units of penicillin G benzathine (Bicillin L-A) if the patient is not allergic to penicillin. Pregnant women who are allergic to Bicillin L-A should be desensitized and treated with penicillin.

If you do not have Bicillin readily available in your practice, you can refer the patient to your local health department. In Mecklenburg County, please contact 704.432.1742 or 704.336.6438 for assistance. The local State Regional DIS office may also be contacted at 704.566.8990 for arrangements to have Bicillin delivered to your office.

- If you test for syphilis, test for HIV. If you test for HIV, test for syphilis.
- Providers can call 919.733.7301, Monday – Friday, 8:00 AM – 5:00 PM to access:

* Expert medical consultation on any aspect of the diagnosis, treatment, management, or prevention of any sexually transmitted disease.

* Hours and locations of free, public STD clinics in any county in North Carolina.

* Partner notification assistance.

For more information, contact Lorraine Houser at 704.336.6438 or

Lorraine.Houser@MecklenburgCountyNC.gov

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Did you know...

...the Health Department routinely sends out Health Alerts and Advisories on current news and pertinent information regarding communicable disease control? To sign up to receive these advisories or to view past information, go to <http://cdcontrol.charmeck.org/ForProviders>.

Rabies Post-Exposure Update



On June 24, 2009, the Advisory Committee on Immunization Practices (ACIP)

approved new recommendations for post-exposure use of human rabies vaccine in **previously unvaccinated persons**. The recommendation for the use of rabies immune globulin remains unchanged. The recommendation for post-exposure management of previously vaccinated persons remains unchanged.

The new post-exposure regimen reduces the number of rabies vaccines from five to four. A regimen of 4

doses of rabies vaccine should be administered intramuscularly to previously unvaccinated persons with no immunosuppression. The first dose should be administered as soon as possible after exposure. Additional doses should be administered on days 3, 7, and 14. Post-vaccination serologic testing is not recommended for persons with no immunosuppression.

For persons with broadly defined immunosuppression, post-exposure prophylaxis should be administered using 5 doses of human rabies vaccine on days 0, 3, 7, 14 and 28. One or more serum samples should

be tested for rabies virus neutralizing antibody titration (RFFIT). A patient who fails to seroconvert with an acceptable antibody response after the fifth vaccine should be managed in consultation with their physician and their public health officials.

The new recommendations can be found at www.cdc.gov/vaccines/recs/provisional/downloads/rabies-July2009-508.pdf.

For more information, contact Jane Hoffman at 704.336.5490 or Jane.Hoffman@MecklenburgCountyNC.gov.

Reinstatement of Hib Vaccine



The Hib booster vaccine, typically given at 12-15 months for healthy children, has been suspended for the

past 2 years due to possible contamination during manufacturing. The Centers for Disease Control and Prevention (CDC) is reporting that Sanofi-Pasteur is increasing production of their vaccines, ActHIB and Pentacel (monovalent and DTaP/IPV/Hib), which will increase the supply enough to resume the booster dose given to children at 12-15 months of age. This became effective July 2009.

State supply is ample enough to reinstate the booster dose and begin catch-up vaccination, but not to contact those who did not receive their 12-15 month booster dose.

The North Carolina Immunization Branch is requesting that providers continue ordering Hib/Pentacel based on their past 3 month's usage. Orders will be increased by approximately 10-20% as supplies allow.

Children who need the Hib booster and who already have received 4 doses of DTaP should receive monovalent Hib vaccine (ActHIB) as their Hib booster dose. However, if DTaP/IPV/Hib is the only Hib-containing vaccine available, this combination product can be used to complete the series of Hib vaccination, even if the child already has received all the necessary doses of DTaP and IPV.

For more information, contact Beth Young at 704.336.5076 or Elizabeth.Young@MecklenburgCountyNC.gov.

This periodical is written and distributed quarterly by the Communicable Disease Control Division of the Mecklenburg County Health Department for the purpose of updating the medical community in the activities of Communicable Disease Control. Program members include: Health Director—E. Wynn Mabry, MD; Medical Director—Stephen R. Keener, MD; Deputy Health Director—Bobby Cobb; Director, CD Control—Carmel Clements; Sr. Health Manager—Wanda Locklear; CD Control nurses—Freda Grant, Jane Hoffman, Penny Moore, Elizabeth Quinn, Belinda Worsham; Childcare nurse—Elizabeth Young; TB Outreach nurse—Earlene Campbell-Wright (also Adult Day Health); Rabies/Zoonosis Control—Al Piercy; Sr. Health Manager STD/HIV — Lorraine Houser; Health Supervisor—Carlos McCoy; DIS—Mary Ann Curtis, John Little, Michael Rogers, Jose' Pena; Preparedness Coordinator—Bobby Kennedy; CRI Coordinator—Amy Williams; Regional Surveillance Team—Valerie Lott, Denise Wall, Vivian Brown; Office Assistants—Audrey Elrod, Natalie Jones

Lorraine Houser
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Editors

Did you know...

...the CDC's **Vaccines and Immunizations** website at <http://www.cdc.gov/vaccines/> gives current vaccine information including information on vaccine schedules, laws, recommendations and guidelines?

SEE Responds



It is no secret that North Carolina has a problem with syphilis. Re-

cent numbers indicate that this problem doesn't seem to be slowing down in the state or in Mecklenburg County. The number of early syphilis cases have more than doubled in the state since this time last year. From January 1, 2009 through July 17, 2009, Mecklenburg County had 76 new cases of early syphilis compared to 35 cases during the same time frame in 2008. Mecklenburg has the second highest rate of syphilis in the state. In response to these rising numbers, the Health Department's HIV outreach team combined with the SEE program to stop this epidemic from spreading further into our community.

The Syphilis Elimination Effort (SEE), formerly the Syphilis Elimination Project (SEP), was established by the CDC to help high morbidity counties across the country to combat the ongoing spread of syphilis and to target those populations most being impacted. Currently SEE is focusing its efforts in high-risk, high-morbidity areas of the community.

The HIV/Syphilis Outreach Team has a weekly rotation of testing sites that include both male and female pods at the Mecklenburg County Jail, the Lesbian/Gay Community Center, homeless shelters, and the Urban Ministry Center, a homeless support provider. In direct response to client needs for additional evening testing hours, the HIV/Syphilis Outreach Team has begun testing every Tuesday evening from 6-8 PM at CMC

Northpark. In addition to the weekly schedule, the Outreach Team has testing and educational events at local colleges and universities encouraging young sexually active men and women to be aware of their status. A media campaign that encourages prevention and testing activities is now being planned that targets high risk populations.

Partnering with the state General Communicable Disease Control Branch and other community agencies, the HIV/Syphilis Outreach Team will continue to monitor the incidence of the disease and look for opportunities to limit its spread.

For more information, contact Hannah Drechsel at 704.432.5758 or Hannah.Drechsel@MecklenburgCountyNC.gov.



Eastern equine encephalitis virus (EEEV) is transmitted to

humans by the bite of an infected mosquito. It is a rare illness in humans and only a few cases are reported in the United States each year. Most persons infected with EEEV have no apparent illness, but severe cases begin with the sudden onset of headache, high fever, chills and vomiting. The illness may progress to disorientation, seizures, or coma. EEEV is one of the most severe mosquito-transmitted diseases in the United States with approximately 33% mortality and significant brain damage in most survivors.

North Carolina diagnosed its first case of EEEV for 2009 this summer. A young person visited Hilton Head, South Carolina with a group of friends in the summer, 2009. While there, this individual acquired multi-

ple mosquito bites. On returning home to Mecklenburg County, this person developed the following symptoms: headache, confusion and difficulty moving the left upper extremity. A lumbar puncture and blood cultures were obtained to make a definitive diagnosis. An infectious disease provider was consulted and multiple antibiotics were administered IV along with Dexamethasone. Initially it was thought that the patient had bacterial meningitis. Isolation precautions were followed and the patient was closely monitored.

After several days, the patient showed improvement and both CSF and blood cultures were negative. The infectious disease consultant determined that the patient had viral meningitis. The patient was eventually discharged home with physical therapy.

A week later, CD Control received a call from the NC State lab requesting contact be made with the patient to request additional lab work. The CDC lab in Atlanta wanted more tests to be performed on the patient's blood. The patient complied and it was later determined that the patient's diagnosis was EEEV.

EEEV is difficult to isolate from clinical samples. Serologic testing remains the primary method for diagnosing the infection. No human vaccine against EEEV infection is available. Patients with suspected EEEV should be hospitalized, appropriate serologic and other diagnostic tests ordered and supportive treatment provided. All EEEV disease cases should be reported to local public health authorities. For more information about EEEV, visit www.cdc.gov or contact Penny Moore at 704.353.1270 Wilma.Moore@MecklenburgCountyNC.gov.

Eastern Equine Encephalitis Virus in NC

H1N1: The Facts

Fact: Since H1N1 flu is now considered to be the predominate strain of influenza in North Carolina, laboratory confirmed or probably H1N1 flu is no longer reportable to the Health Department.

Fact: Beginning October 1, 2009, physicians and local health departments should begin reporting all influenza associated deaths in persons ≥ 18 years of age, whether due to pandemic or seasonal flu.

Physicians and local health departments should continue reporting all influenza-associated deaths in children < 18 years of age whether due to pandemic or seasonal flu.

Fact: The State Laboratory of Public Health will be accepting specimens for H1N1 testing **without prior approval of the Health Department ONLY** for :

- a sample of patients with influenza like illness seen by Sentinel Provider Network participants
- patients with influenza like illness who require admission to intensive care units
- patients who died of suspected influenza infection but had no laboratory evidence of influenza infection

Fact: Since the State Laboratory of Public Health is limiting their testing for H1N1 flu, private labs should be contacted if testing is desired. However, H1N1 flu should be considered in all patients presenting with a febrile respiratory illness. Decisions regarding treatment should be based on clinical information rather than on test results.

Fact: Not all patients with suspected H1N1 flu need to be seen

by a medical provider. Patients with suspected H1N1 flu who present with an uncomplicated illness typically do not require antiviral treatment unless they are at high risk for complications due to the flu. Treatment is recommended for:

- patients requiring hospitalization for confirmed or suspected H1N1 flu
- patients who are at high risk for seasonal influenza complications

Fact: All patients with confirmed or suspected H1N1 flu should be instructed to stay at home for at least 24 hours after resolution of fever or signs of fever without the use of fever-reducing medications. Many people with influenza illness will continue shedding influenza virus 24 hours after their fevers go away, but at lower levels than during their fever.

Fact: Postexposure prophylaxis is not routinely recommended for prevention of illness among healthy individuals. Postexposure prophylaxis should be considered for

- close contacts of confirmed or suspected cases who are at high-risk for complication of the flu, including pregnant women
- health care workers or first responders who had an unprotected close contact exposure to a confirmed or suspect person with H1N1 flu during that person's infectious period

Fact: The 2009 H1N1 Influenza VIS (Inactivated) is now posted at <http://www.cdc.gov/h1n1flu/vaccination/slv/pdf/vis-h1n1-prelicensure.pdf>

Fact: Treatment with oseltamivir

(Tamiflu®) or zanamivir (Relenza®) is recommended for pregnant women with suspected or confirmed influenza and can be taken during any trimester of pregnancy. The duration of antiviral treatment is 5 days. Treatment should be initiated as early as possible because studies show that treatment initiated early (i.e., within 48 hours of illness onset) is more likely to provide benefit. Treatment should not wait for laboratory confirmation of influenza because laboratory testing can delay treatment and because a negative rapid test for influenza does not rule out influenza. Guidance on the use of influenza antiviral agents is available at: <http://www.cdc.gov/h1n1flu/recommendations.htm>.

Fact: When influenza viruses are circulating in a community, the positive predictive value of rapid tests are generally high and a positive test result indicates that influenza virus infection is likely. However, a negative test does not rule out influenza virus infection.

Fact: The Health Department has numerous brochures, pamphlets, and posters available for you to download at www.meckhealth.org/h1n1 or you can call 704.432.3600 to obtain printed material for your offices or business. There is also information on the Speakers Bureau and instructions on how to receive alerts when guidance changes.

Fact: Many of the facts given here will have changed by the time you read this. Current sources of information can be found at www.cdc.gov/h1n1flu, <http://flu.nc.gov/epi/gcdc/H1N1flu.html> or www.meckhealth.org/H1N1. Providers may contact 704.432.3600 during regular business hours to talk to a human.

H1N1: The FAQs

Q. *How can I obtain the vaccine to give to my staff and at risk patients?*

A. A list of providers requesting the vaccine was sent to the state at the beginning of September. The state is no longer adding names to the provider vaccine distribution list. There will be ample opportunity for all at-risk persons, including healthcare workers, to obtain the vaccine in the community. Chain drugstores, private providers, business and schools have all requested the vaccine and the Health Department is planning clinics.

Q. *Can my medical office purchase the vaccine to distribute to staff and patients?*

A. No. The vaccine is being provided by the federal government and cannot be purchased privately. They have assured us that there will be vaccine available for everyone who wants to take it, just not immediately.

Q. *Is there someone at the state I could call to be placed on the distribution list?*

A. No. The state is no longer adding providers to the vaccine distribution list. The NC Immunization Branch is in charge of deciding who will be receiving the vaccine for distribution. For more information on their plan, go to <http://flu.nc.gov/epi/gcdc/pdf/H1N1vaccineplan.pdf>.

Q. *How will the vaccine be delivered to providers?*

A. There are over 350 providers interested in administering the vaccine when it is available. The NC Immunization Branch will decide who will be receiving the vaccine and will be sending the Health Department a list of approved providers. The Branch will communicate with each approved provider, the

storage and reporting requirements for the vaccine.

Q. *How will the vaccine be prioritized?*

A. The CDC's priority groups for the vaccine are

- Pregnant women
- Healthcare workers and emergency personnel
- People caring for infants under the age of 6 months
- Children of age 6 months to 24 years
- People who have underlying medical conditions such as asthma, diabetes, suppressed immune system, heart disease, etc.

Q. *Do I have to provide my staff with a note identifying them as health care workers so they can receive the vaccine?*

A. No. They may be asked by the provider of the vaccine if they are in the priority group but no stringent screening process should occur.

Q. *Since H1N1 vaccine will be two doses for children under the age of 10, will the second dose be reserved for patients at the same location?*

A. When two doses of the vaccine are required, the second dose is not reserved nor is it necessary to return to the same provider to receive the second dose.

Q. *My practice did not qualify to receive the vaccine because we planned to administer less than 100 doses. Will we be able to get the vaccine from the Health Department?*

A. The vaccine has not been shipped to providers yet so we don't know how much vaccine each provider will be receiving, including the Health Department. We have been assured that eventually there will be enough vaccine for everyone who

wants it. The Health Department may have enough vaccine available to share with providers at a later date. You should also check with your corporate offices to see if vaccine is available through them. If the Health Department has vaccine available, an alert will be sent to those who have signed up to receive them. For information on how to receive these alerts go to <http://cdcontrol.charmeck.org/ForProviders>.

Q. *I need to plan for refrigeration of the vaccine. How will it be packaged?*

A. We are told that the initial supplies of the vaccine that will arrive in early October will be predominately nasal spray (LAIV) for the pediatric population with some multi dose vials and some prefilled syringes. The multi dose package will be in a 5 ml vial/10 doses per vial.

Q. *If providers are given a supply of the vaccine, will they be able to charge for it?*

A. Since the vaccine is provided by the federal government at no cost, no one may charge for the actual vaccine or administration supplies. Private providers may charge the client a vaccine administration fee that may be an out-of-pocket cost to the client or they may bill a third party insurer. The Health Department may also bill a third party insurer but may not charge an out-of-pocket fee to the client.

Q. *How do I test my patient for H1N1?*

A. Since H1N1 is now the predominate strain of flu in the state, patients who present with influenza like illness should be presumed to have H1N1 flu. The State lab is only testing symptomatic patients admitted to intensive care units of hospitals. Private labs are also testing for H1N1 flu.

H1N1 Flu (Swine Flu)

What do I need to know and do?

2009 H1N1 Influenza is a contagious respiratory illness caused by a new strain of influenza virus. In June 2009, H1N1 was declared a pandemic - meaning it is everywhere in the world.

Flu viruses spread mainly from person to person through coughing or sneezing. Sometimes people may catch flu by touching something infected and then touching their mouth or nose. A vaccine for H1N1 flu is expected to be available in late fall 2009.

Who should get priority for the H1N1 vaccination?

- Pregnant women
- People who live with or care for a child less than 6 mos
- Health care and emergency medical services personnel
- People between 6 months and 24 years old
- Adults ages 25 through 64 with chronic health disorders or compromised immune systems
- People over 65 should get a seasonal flu shot but are not a priority population for H1N1 vaccination

Visit www.meckhealth.org/H1N1 or call 311 (704-336-7600) in the late fall to see if the new vaccine is available.

Are there medicines to treat H1N1 infection?

Yes. Antivirals are medicines that fight flu by keeping flu viruses from reproducing in your body. Doctors may prescribe them as pills, liquids or in an inhaler and are usually only for people who are at highest risk for complications from the flu. Antiviral drugs work best if started soon after getting sick, usually within two days of developing symptoms.

If you are a caretaker: Monitor yourself and household members for flu symptoms and contact a health care provider if symptoms occur. See other side for additional care information.

H1N1 FLU SYMPTOMS INCLUDE:

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Cough | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Body aches | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Runny or stuffy nose |
| <input type="checkbox"/> Headache | | |

SEEK EMERGENCY MEDICAL CARE IF:

- ☐ Difficulty breathing or shortness of breath
- ☐ Pain or pressure in the chest or abdomen
- ☐ Sudden dizziness
- ☐ Confusion
- ☐ Severe or persistent vomiting
- ☐ Flu-like symptoms improve but then return with fever and worse cough
- ☐ In babies, bluish or gray skin color, lack of responsiveness or extreme irritation

Seasonal flu vaccine is still important. Do not wait for the H1N1 vaccine to arrive; get your seasonal flu vaccine first!

TIPS TO PREVENT THE FLU:

- ☐ Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- ☐ Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- ☐ Avoid touching your eyes, nose or mouth. Germs spread this way.
- ☐ If you get sick with flu, stay home from work or school and limit contact with others to keep from making them sick. Try to avoid close contact with sick people.
- ☐ Keep frequently touched common surfaces clean.
- ☐ Get the recommended seasonal flu vaccine when it becomes available.
- ☐ Get the recommended H1N1 vaccine when it becomes available.
- ☐ Maintain a healthy lifestyle through rest, diet, exercise, and relaxation.

Caring for Someone Who is Sick with Flu

Steps to Lessen the Spread of Flu in the Home

When providing care to a household member who is sick with influenza, the most important ways to protect yourself and others who are not sick are to:

- Keep the sick person away from other people as much as possible, especially others who are at high risk for complications from influenza.
- Remind the sick person to cover their coughs, and clean their hands with soap and water or an alcohol-based hand rub often.

Placement of the Sick Person

- Keep the sick person in a room separate from the common areas of the house.
- Unless necessary for medical care or other necessities, people who are sick with an influenza-like-illness should stay home and keep away from others as much as possible.

Protect Other Persons in the Home

- The sick person should not have visitors other than caregivers. A phone call is safer than a visit.
- If possible, have only one adult in the home take care of the sick person.
- Avoid having pregnant women care for the sick person.
- Antiviral medications can be used to prevent the flu, so check with your health care provider to see if some persons in the home should use antiviral medications.
- If possible, sick persons should use a separate bathroom. This bathroom should be cleaned daily with household disinfectant.
- Use paper towels for drying hands after hand washing or dedicate cloth towels to each person in the household. For example, have different colored towels for each person.
- If possible, consideration should be given to maintaining good ventilation in shared household areas.



Household Cleaning, Laundry, and Waste Disposal

- Throw away tissues and other disposable items used by the sick person in the trash. Wash your hands after touching used tissues and similar waste.
- Keep surfaces clean by wiping them down with a household disinfectant.
- Wash linens (such as bed sheets and towels) by using household laundry soap and tumble dry on a hot setting.
- Eating utensils should be washed either in a dishwasher or by hand with water and soap.

Using Facemasks

If persons with the flu need to leave the home (for medical care), they should wear a facemask if available, and cover their nose and mouth when coughing or sneezing.

- Avoid close contact (3 to 6 feet away) with the sick person as much as possible.
- Used facemasks should be taken off and placed immediately in the regular trash so they don't touch anything else.
- After you take off a facemask, clean your hands with soap and water or an alcohol-based hand sanitizer.
- If you must have close contact with the sick person (for example, hold a sick infant), spend the least amount of time possible in close contact and try to wear a facemask (for example, surgical mask).



Mecklenburg County Health Department
H1N1 Flu (Swine Flu)

For more information visit
www.meckhealth.org/h1n1,
call 311 or 704-336-7600

Data courtesy of
the Centers for
Disease Control
and Prevention.

Reporting Communicable Diseases – Mecklenburg County

To request N.C. Communicable Disease Report Cards, telephone 704.336.2817

Mark all correspondence "CONFIDENTIAL"

H1N1 Hotline: 704.432.3600

Tuberculosis:

TB Clinic 704.432.2490
 Mecklenburg County Health Department FAX 704.432.2493
 2845 Beatties Ford Road
 Charlotte, NC 28216

Sexually Transmitted Diseases, HIV, & AIDS:

HIV/STD Surveillance 704.432.1742
 Mecklenburg County Health Department FAX 704.336.6200
 700 N. Tryon Street, Suite 214
 Charlotte, NC 28202

All Other Reportable Communicable Diseases including Viral Hepatitis A, B & C:

Report to any of the following nurses:

Freda Grant, RN 704.336.6436
 Jane Hoffman, RN, 704.336.5490
 Elizabeth Quinn, RN 704.336.5398
 Belinda Worsham, RN 704.336.5498
 Penny Moore, RN 704.353.1270
 Communicable Disease Control FAX 704.353.1202
 Mecklenburg County Health Department
 700 N. Tryon Street, Suite 271
 Charlotte, NC 28202

Animal Bite Consultation / Zoonoses / Rabies Prevention:

Al Piercy, RS 704.336.6440
 Communicable Disease Control FAX 704.432.6708
 Mecklenburg County Health Department
 618 N. College St.
 Charlotte, NC 28202
 or State Veterinarian, Carl Williams, DVM 919.707.5900
 State after hours 919.733.3419

Child Care Nurse Consultant:

Elizabeth Young, RN 704.336.5076
 Communicable Disease Control FAX 704.353.1202
 Mecklenburg County Health Department
 700 N. Tryon Street, Suite 271
 Charlotte, NC 28202

Suspected Food borne Outbreaks / Restaurant, Lodging, Pool and Institutional Sanitation:

Food & Facilities Sanitation (Mon-Fri) 704.336.5100
 Mecklenburg County Health Department (evenings; Sat/Sun) 704.432.1054
 700 N. Tryon Street, Suite 208 (pager evenings; Sat/Sun) 704.580.0666
 Charlotte, NC 28202 FAX 704.336.5306